



DEC 1 5 2004

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## **TELEFAX**

December <u>15</u> 2004

Total pages: 5

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Our Docket No. PDC 119

Your Docket No.

Client/Matter No. 078374-00011

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## **MESSAGE:**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Solomon S. Steiner and Bryan R. Wilson

Serial No.:

09/766,362

Art Unit:

1615

Filed:

January 19, 2001

Examiner:

Humera N. Sheikh

For:

DRY POWDER FORMULATIONS OF ANTIHISTAMINE FOR NASAL

**ADMINISTRATION** 

DEC 1 5 2004

PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/766,362 Filing Date TRANSMITTAL January 19, 2001 First Named Inventor Solomon S. Steiner FORM Art Unit 1615 Examiner Name H. Sheikh (to be used for all correspondence after initial filing) Attorney Docket Number **PDC 119** Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s)\_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Pabst Patent Group LLP Signature D. Monhert Printed name Rivka D. Monheit Reg. No. Date *15*. 2004 48,731 December CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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PDC 119 / 078374-00011

December /

Date

∕Ronna Berman

Typed or printed name

PTO/SE/17 (12-04) r use through 07/31/2008. CMB 0851-0032

Aultiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  PP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  APP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  APP = highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other: Notice of Appeal (small entity): Extension of Time (2 months)  Registration No.  (Attorney/Agant)  Registration No.  (Attorney/Agant)  Telephone (404) 879-2152	Under the Paperwork Redu	ıction Act of 199	5 no persons are rec	nuinted ten si	U.S. Pater expond to a collection	nt and Trac	pproved rar use through 07 temark Office; U.S. DEPAI redice unleas it displays a	RIMENT OF COMMERC	
FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 GFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 475.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Provisional deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Credit deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Credit deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Credit deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Credit deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Indicated below, except for the filling fee  Credit any overpayments  MARAMANION Internation on this form may become public. Gredit card Information about not be included on this form. Provide credit card Information and subtraction on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  FILING FEES	Effective on 12/08/2004,								
First Named Inventor Solomon S. Steiner    Applicant claims small entity status. See 37 CFR 1.27     Art Unit	FEE TRANSMITTAL				Application Number 09/766,362				
Applicant claims small entity status. See 37 CFR 1.27   Examiner Name					Filing Date		January 19, 2001		
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Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number, 50-3129 Deposit Account Name Pabst Patent Group LLP   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below Charge fee(s) indicated below, axcept for the filling fee Charge fee(s) indicated below, axcept fee(s) indicated below, axcept fee	TOTAL AMOUNT OF PA	YMENT (\$	) 475.00		Attorney Docks	t No.	PDC 119		
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Other: Notice of Appeal (small entity): Extension of Time (2 months)    SMITTED BY   Registration No.   48,731   Telephone (404) 879-2152	4. OTHER FEE(S)  Feets Paid (S)								
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